

Open Enrollment for 2008

November 5 – November 30, 2007

To complete this process online, you must have a CRYPTOCARD with administrative level access and a Social Security Number for any family member you wish to be covered.

If you do not have a CRYPTOCARD with administrative level access, please contact the HR Service Center at 667-1806.

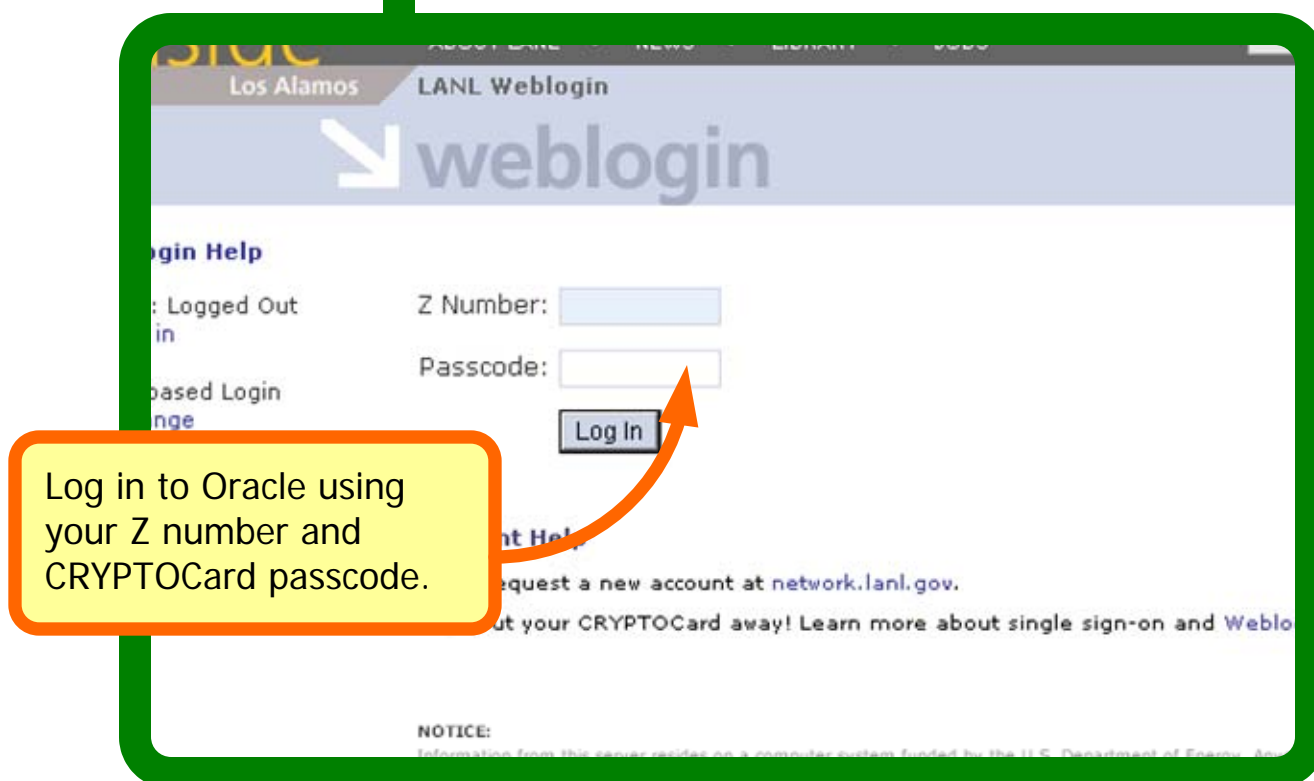
Preparation

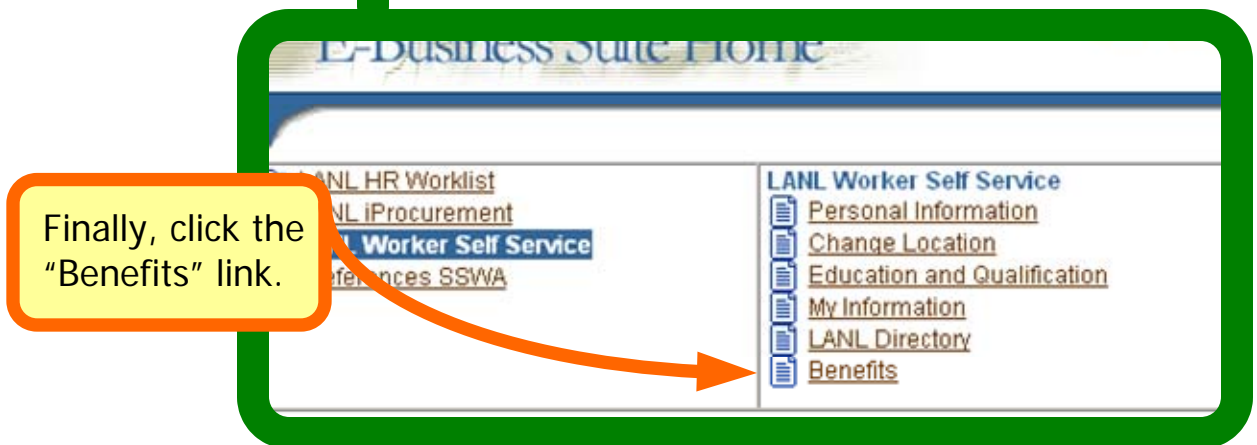
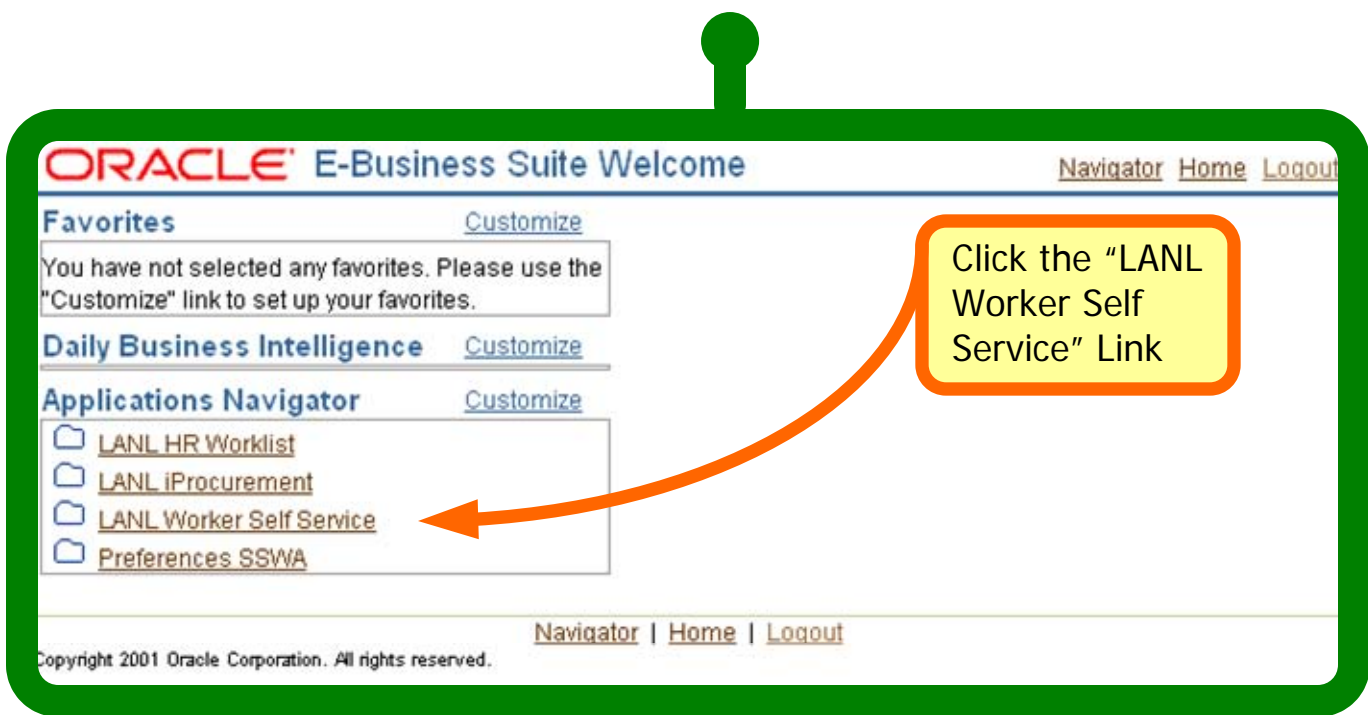
You will need the following critical pieces of information about each individual you wish to be covered:

- 1) Relationship to you
- 2) Legal name
- 3) Address (if different from yours)
- 4) Social Security Number
- 5) Date of birth

To Start...

Go to the Open Enrollment 2008 Webpage at the Benefits site by clicking [here](#).





Review Family Members and Others

People you wish to add to your plans may already be in the Oracle system as your contact. If not, you will have the opportunity to add a dependent.

ORACLE® Benefits

Name **Oliver Enrollment**

Family Members and Others

Name	Relationship	Social Security Number	Birth Date
Mary Enrollment	Spouse	777-55-9944	10-May-1970 <small>(example: 31-Dec-2000)</small>
Thomas Enrollment	Child		04-Feb-1999 <small>(example: 31-Dec-2000)</small>
Fred Friendly	Friend		18-Sep-1950 <small>(example: 31-Dec-2000)</small>

If your contact's Social Security Number is not listed, please call the HR Service Center at 667-1806 to add the number. **Please do not use the "Add Another Person" option.**

Add Another Person

Back

Continue

[Home](#) | [Logout](#) | [Preferences](#) | [LANL Directory](#)

If your dependents are not listed, click here and proceed to "Add a Dependent" below. This will create a contact record in Oracle.

If your dependents are listed, click here and proceed to the "Benefits Enrollments" section of this tutorial.

Add a Dependent

After clicking the "Add Another Person" button, add your new dependent by filling out the required fields, which are marked with blue asterisks. Use other fields as necessary.

Name and Relationship

* Relationship

Relationship Start Date

(example: 31-Dec-2000)

* First Name

Middle Name

* Last Name

Suffix Last Name

This is a name suffix that may follow the last name. Use one of the following values: Jr, Sr, I, II, III, IV, V, VI.

Use today's date as the "Relationship Start Date"

Address

☐ This person lives with me.

If you check the box above you don't need to fill in the address below

Type

Address Style United States

* Address Line 1

Address Line 2

Address Line 3

* City

State

* Zip Code

County

* Country United States

Telephone

Telephone2

If the person lives with you, check the "This person lives with me" check box.

Note: After you type the city name and press Tab, the system displays a dialog box with one or more items. Click the radio button to the left of the correct city; then click the Select button. The system fills in State, County, and Country.

Misc Information

* Social Security

(example: 123-45-6789)

* Date of Birth

(example: 31-Dec-2000)

* Gender

Click the "Save" button

Repeat these steps for each new dependent you wish to add.

Note: If you get an error message saying the person's SSN may already exist in the system, please call the HR Service Center at 667-1806 for assistance.

Benefits Enrollment

Benefits Enrollment

Benefit Selections

Plan	Coverage Start Date	Coverage	Pre Tax Cost	After Tax Cost
Medical - UHC EPO Pretax	01-Jan-2004 (example: 31-Dec-2000)	Employee + Adult + Children		0.00
Dental - Dental	01-Jun-2006 (example: 31-Dec-2000)	Employee + Adult + Children	0.00	0.00
Vision - Vision	01-Jun-2006 (example: 31-Dec-2000)	Employee + Adult + Children	0.00	0.00
Legal - Legal	01-Jan-2004 (example: 31-Dec-2000)	Employee + Adult + Children	0.00	
Disability - Supplemental Disability	01-Jan-2006 (example: 31-Dec-2000)	30 Day Waiting Period	6,554.00	
Disability - Short Term Disability	24-Jul-2005 (example: 31-Dec-2000)		0.00	0.00
University Paid Life Insurance - Basic Life Insurance	24-Jul-2005 (example: 31-Dec-2000)		50,000.00	0.00
Supplemental Life Insurance - Supplemental Life Insurance	01-Jan-2006	3x Compensation	237,000.00	0.00

After reviewing your current enrollments, click the "Change Your Benefits Enrollments" button to continue.

[Change Your Benefits Enrollments](#)

Benefits Selection

Unless otherwise stated all "Costs" are the monthly rate that you will pay for the plan. If you would like to add new family members to your plan who are not already enrolled in one of your insurance plans, please click [Here](#)

Medical

Plan	Employee Only	Employee + Children	Employee + Adult	Employee + Adult + Children
UHC EPO Pretax	<input type="checkbox"/> [redacted]	<input type="checkbox"/> [redacted]	<input type="checkbox"/> [redacted]	<input checked="" type="checkbox"/> [redacted]
UHC PPO New Mexico Pretax	<input type="checkbox"/> [redacted]	<input type="checkbox"/> [redacted]	<input type="checkbox"/> [redacted]	<input type="checkbox"/> [redacted]
Definity Health - New Mexico Pretax	<input type="checkbox"/> [redacted]	<input type="checkbox"/> [redacted]	<input type="checkbox"/> [redacted]	<input type="checkbox"/> [redacted]
Core Medical	<input type="checkbox"/> 0.00	<input type="checkbox"/> 0.00	<input type="checkbox"/> 0.00	<input type="checkbox"/> 0.00
Waive Medical Plan	<input type="checkbox"/>			
UHC EPO After tax	<input type="checkbox"/> [redacted]	<input type="checkbox"/> [redacted]	<input type="checkbox"/> [redacted]	<input type="checkbox"/> [redacted]
UHC PPO New Mexico After tax	<input type="checkbox"/> [redacted]	<input type="checkbox"/> [redacted]	<input type="checkbox"/> [redacted]	<input type="checkbox"/> [redacted]
Definity Health		<input type="checkbox"/> [redacted]		

To make a change, click the checkbox of your desired plan. Your current enrollment is already checked.

If you wish to take advantage of the Tax Savings on Insurance Premiums (TIP) program, select a "Pretax" plan.

If you want to cancel coverage in a benefit, check the "Waive Plan" box.

Make your selections for each type of insurance.

Click the information buttons for helpful tips.

Health Care Reimbursement Account

Plan	Coverage	Annual Cost	Cost
Health Care Reimbursement Account	1,000.00	<input type="text" value="1,000.00"/> ⓘ	<input checked="" type="checkbox"/> 40.00

Dependent Care Reimbursement Account

Plan	Coverage	Annual Cost	Cost
Dependent Care Reimbursement Account	0.00	<input type="text" value="0.00"/> ⓘ	<input type="checkbox"/> 0.00

If you wish to participate in Health Care Reimbursement (HCRA) and/or Dependent Care Reimbursement (DCRA) accounts, enter your desired annual participation amount.

The system will calculate your average deduction per pay period when you click "Recalculate" at the bottom of the page.

Each plan you are enrolled in will be listed. The system will only allow you to make changes to eligible plans for this year's Open Enrollment.

At the bottom of the screen, click the "Save>Next" button to continue.

On the "Dependents" page, you can select which dependents you would like to be covered on each plan by marking the appropriate checkbox for each dependent you want covered. (A screenshot is on the next page of these instructions.)

If a family member is not listed, click the "Return to Family Members" link at the bottom of the page to add a contact. If you continue to have trouble adding a family member, please call the HR Service Center at 667-1806.

Dependents

If you do not see the family member you would like to designate for on please click on the "Return to Family Members" link at the bottom left of

Medical : UHC EPO Pretax Employee + Adult + Children

☒ TIP Missing Persons may not be family members or are ineligible.

Dependent	Relationship	Social Security Number	Eligible	Ineligibility Reason	Cover
Mary Enrollment	Spouse	777-55-9944	Yes		<input checked="" type="checkbox"/>
Thomas Enrollment	Child		Yes		<input checked="" type="checkbox"/>

For each plan listed, select the dependents you would like to be covered.

Dental : Dental

☒ TIP Missing

Dependent

Mary Enrollment

You may drop dependents from coverage by un-checking the "Cover" box next to their name on the plan(s) for which you want them to be de-enrolled.

Ineligibility Reason	Cover
	<input checked="" type="checkbox"/>

Designate Beneficiaries

Ensure your beneficiaries are up to date for each listed plan.

Beneficiaries

Voluntary Paid Life Insurance : Basic Life Insurance

Family Members and Others

Beneficiary	Relationship	Social Security Number	Primary %	Contingent %
Fred Friendly	Friend		50	0
Mary Enrollment	Spouse	777-55-9944	50	0
Oliver Enrollment	Self	777-00-9911	0	0
Thomas Enrollment	Child		0	100

Enter whole percentages for your primary and contingent beneficiaries. For additional help with beneficiary designation, click [here](#).

You must click "Finish" or changes will not be saved.

Review and print a copy of your confirmation page. Receipt of this page indicates that your changes have been saved.

Confirmation

If the Legal Disclaimer isn't too long, we can put it here.

Congratulations

Your changes have been saved. To make additional changes, return to the Overview page and repeat the process. Please print this page for your records.

Benefit Selections

Plan	Option	Coverage Start Date	Coverage	Pre Tax Cost	After Tax Cost
Medical - UHC EPO Pretax	Employee + Adult + Children	01-Jan-2004 <small>(example: 31-Dec-2000)</small>			0.00
	Employee + Adult +	01-Jun-2006		0.00	0.00

If you need to start over, click the "Return to Overview" button at the bottom of the page. If you do not want to make changes, you may log out of Oracle.

You can make changes until November 30, 2007. The last change made is your official selection for Open Enrollment.

Other Activities

If you need to update a contact's information, please contact the HR Service Center at 667-1806 or **benefits@lanl.gov**. Please do not send Social Security Numbers through electronic mail.